

2714

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

FILL OUT ALL BLANKS.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
County	Maricopa	BUREAU OF VITAL STATISTICS	State Index No. 137
District	Mesa #3	ORIGINAL CERTIFICATE OF DEATH	County Registered No. 7809
Town	Mesa Rural		Local Registrar's No. 235
Or City			
No. _____		(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)	
FULL NAME		George Golden Eyringe	
PERSONAL AND STATISTICAL PARTICULARS			
SEX	Color or Race	SINGLE	
Male	White Indian	MARRIED	S
	Black-Chinese	WIDOWED	
	Mexican	or DIVORCED	
DATE OF BIRTH			
Sept. 9th 1919			
(Month) (Day) (Year)			
AGE		If less than 1 day 8	
yrs. mos. days		hrs. or min.	
OCCUPATION			
(a) Trade, profession or particular kind of work			
(b) General nature of industry, business, or establishment in which employed or (employer)			
BIRTHPLACE (State or country)			
Mesa, Ariz.			
PARENTS			
NAME OF FATHER		Andrew T. Eyringe	
BIRTHPLACE OF FATHER (State or country)		Utah	
MAIDEN NAME OF MOTHER		Edith Haws	
BIRTHPLACE OF MOTHER (State or country)		Arizona	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			
(Informant)		A. T. Eyringe Haws	
(Address)			
PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL OR REMOVAL		
Mesa Cemetary	Sept. 10th 1919		
UNDERTAKER	ADDRESS		
Friends	Mesa		
MEDICAL CERTIFICATE OF DEATH			
DATE OF DEATH			
Sept. 9th 1919			
(Month) (Day) (Year)			
I hereby certify, that I attended deceased from birth 1919 to Death 1919; that I last saw him alive on Sept. 9th 1919 and that death occurred on the date stated above at 10 A.M. The DISEASE or INJURY causing death was as follows: Atelectasis			
(Duration) 8 HOURS yrs. mos. days			
Was disease contracted in Arizona? yes			
If not, where? _____			
CONTRIBUTORY Pre mature			
(Duration) yrs. mos. days			
(Signed) J. E. Drane			
9-10-1919 (Address) Mesa-Ariz.			
*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL			
LENGTH OF RESIDENCE			
At place of death yrs. mos. ds. In Arizona yrs. mos. ds.			
Former or Usual Residence			
Filed 9/30/1919 J. E. Drane Local Registrar			
Filed 10-17-1919 H. R. Loanson County Registrar			